

SHORT FORM SURVEY - AUTO SHOPS

Company Name: _____ Telephone Number: (____) _____

Mailing Address: _____ Facility Address: _____

Does this business have a connection to the City of Spokane sewer system? Yes No

(If "No", Get Authorized Signature on the back, Stop Here, and Return Form in Envelope Provided)

Name of environmental contact person: _____

(Person empowered by authorized representative to represent the Company, or responsible for the proper completion of this survey form.)

Section A: Operation Description

Number of service bays: _____ Average number of employees: _____ Hours of Operation: _____

Expected daily average number of vehicles: _____

Days of Operations Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Section B: Facility Description

Type of vehicle services at this facility: (check all that apply)

- Oil Changes Engine Repair Car Washing Brake Repair Auto Detailing Body Work/Painting
 Tire Repair Large Vehicles Transmission Repair Radiator Service Other _____

Location of vehicle service facility: (check all that apply)

- Car Dealership Club/Organization Company/Office Building Mall School Gas Station
 Stand-alone Strip Mall (attached) Other _____

Major equipment used at this facility: (check all that apply)

- Vehicle Lifts Solvent Cabinet Mobile Drain Rigs Parts Washers Paint Cabinet
 Paint Booth Oil Drum Rack Used Oil Rag Bins Refrigerant Equipment
 Other _____

Fixtures in the automotive work areas: (check all that apply) Circle any that drain to the oil/water separator.

- Service Sink Floor Drain Mop Sink Hand Sink Trench Drain
 Other _____

Section C: Waste Management

Trash / Solid Waste Disposal

How does your facility dispose of used/removed parts? _____

Does the facility generate dangerous waste as defined in WAC 173-303-090?

- Yes, WAD# _____ No

What type of Brake Cleaner do you use? chlorinated non-chlorinated

Please continue on the reverse.

Used Oil and Fluid Management

	Spent Antifreeze	Used Motor Oil	Used Transmission Fluid	Used Brake Fluid	Used Brake Cleaner	Solvent Sink/Parts Washer
How much is generated in an average month?						
What type of containers is it collected and stored in?						
How much volume does each container hold?						
What other fluids are mixed in the same containers?						
Are the containers stored with secondary containment to catch leaks or spills?						
If the material leaves your shop, who picks it up or where do you take it?						
How often is it pumped/picked up/hailed away?						

Does this facility have an oil/water separator? Yes No

If yes, who pumps it? _____ How often is it pumped? _____

Section D: Certification

I have personally examined and am familiar with the information submitted in this document and attachments. Based on my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

Printed name of Authorized Representative*

Signature

Date

Job Title*

Telephone Number

*Surveys must be signed as follows: Corporations - By a principle executive officer of at least the level of Vice-President. Partnership - By a general partner. Sole Proprietorship - By the Proprietor. (Ref: CFR part 403.12(1)). Branch or franchise – Manager with decision making functions.

Disclosure: Title 40 of the Code of Federal Regulations Part 403 Section 403.14 requires information provided in this questionnaire identifying the nature and frequency of discharge to be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2 and applicable State Law. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

Do you have any questions or comments?

For further information, please contact the Riverside Park Water Reclamation Facility at (509) 625-4639.

Internal Use: Form sent on _____ Received on _____ Follow Up Required Yes No

City of Spokane Wastewater Management-Pretreatment 4401 N. A.L. White Parkway, 99205-3939